



Mississippi Resident AMENDED Individual Income Tax Return

2006

Page 1

WII A

Duplex or Photocopies NOT Acceptable

Taxpayer Last Name		First Name	Middle Initial
Spouse Last Name		Spouse First Name	Middle Initial
Mailing Address (Number & Street, Including Rural Route)			
City		State	Zip

SSN

Spouse
SSN

▲ YOU MUST ENTER SSN ▲

Residence County Code - See Instructions

1. ☐ Married - Combined or Joint Return - Enter \$12,000 on Line 12.
2. ☐ Married - Spouse Died in Tax Year - Enter \$12,000 on Line 12. Enter Spouse Name and SSN in boxes provided above.
3. ☐ Married - Filing Separate Returns - Enter \$12,000 on Line 12. Enter Spouse Name and SSN in boxes provided above. (Cannot change from Joint to Separate after due date.)
4. ☐ Head of Family - Enter \$8,000 on Line 12. Provide Name, SSN, and Relationship of the Dependent Living in the Home with You on Line 6.
5. ☐ Single - Enter \$6,000 on Line 12.

6. Dependents (In column (B) enter C for child, P for parent, or R for relative)		
(A) Name	(B)	(C) Dependent SSN

If Filing a Combined Return, Use Column A for Taxpayer and Column B for Spouse, Otherwise Use Column A ONLY. See instructions in booklet.

Column A (Taxpayer)

Round to Nearest
Dollar

Column B (Spouse)

7. Mark "X" ONLY if:

☐ Taxpayer Age 65 or Over☐ Taxpayer Blind☐ Spouse Age 65 or Over☐ Spouse Blind

8. Number of Dependents Listed on Line 6.

9. Number of Boxes Marked "X" on Line 7.

10. Total of Line 8 plus Line 9.

11. Line 10 x \$ 1,500 =

12. Enter Amount from
Lines 1 through 5.

13. Total (Line 11 plus 12).

14. If Filing MFS Returns,
Enter 1/2 of Line 13.

15. Wages, salaries, tips, etc. (Must Attach W-2s)

16. Other Income (Amount from Line 44,
-
- Page 2 of this Form).

17. Adjustments to Gross Income (Amount
-
- from Line 53, Page 2 of this form).

18. Mississippi Adjusted Gross Income
-
- (Line 15 plus Line 16 minus Line 17).

19. Standard or Itemized Deductions (For Itemized
-
- Deductions, see Schedule A, Form 80-108).

20. Amount of Exemption
-
- Line 13 (Line 14 if Married Filing Separately).

21. Mississippi Taxable Income (Line 18 Less Lines 19
-
- and 20) See Instructions. (If less than 0, enter 0)

22. Total Income Tax Due (See page 8 of the Resident and Non-Resident Instructions.)

23. Mississippi Income Tax Withheld (Must Attach W-2s)

24. Estimated Tax Payments, Amount Paid with Extension and/or Amount Paid with ORIGINAL RETURN.

25. Credit for Income Tax Paid to Another State (Must Attach Copy of Return filed with other States.)

26. Other Credits (See Instructions)
-
- Enter code for each type of credit claimed.

27. Overpayment from original return.

28. Total Credits (Add Lines 23 through 26 less line 27)

29. Enter the Amount of Refund if Line 28 is Larger than Line 22.

30. Enter Balance Due if Line 22 Is Larger Than Line 28.

31. Interest on Underpayment of Estimated Tax Payments

32. Late Payments - Interest @ 1% Per Month and Penalty @ 1/2% Per Month.

33. TOTAL DUE (Add Lines 30, 31, and 32.) Must Attach Check or Money Order for Total.

- Due payable to: State Tax Commission. (ENCLOSE PAYMENT VOUCHER 80-106)

REFUND ▶ (R)

BALANCE DUE

▶ (I)

▶ (T)

▶ (V)

Complete the return as it should have been originally completed. Mark the circle by the line number for each line that was changed from the original return.

PLEASE SIGN THIS TAX RETURN IN THE SIGNATURE AREA PROVIDED ON THE BOTTOM OF PAGE 2.

Mail AMENDED RETURN To: Office of Revenue, P.O. Box 23058, Jackson, MS 39225-3058



801700682000

Mississippi Resident AMENDED Individual Income Tax Return

2006

Social Security Number Page 2

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Example:



Column A (Taxpayer)

Column B (Spouse)

OTHER INCOME

If showing a loss,
shade minus (-) in box.

- ☐ 34. Business Income (Loss)
(Must Attach Fed. Sch. C or C-EZ)
- ☐ 35. Capital Gain (Loss)
(Must Attach Fed. Sch. D)
- ☐ 36. Rent, Royalties, P-Ship, S-Corps
Trusts, etc. (Must Attach Fed. Sch. E)
- ☐ 37. Farm Income (Loss)
(Must Attach Fed. Sch. F)
- ☐ 38. Interest Income
- ☐ 39. Dividend Income
- ☐ 40. Alimony Received
- ☐ 41. Taxable Pensions
and Annuities
- ☐ 42. Unemployment Compensation
(Must Attach Form(s) 1099-G)
- ☐ 43. Other Income (Loss)
Sch. N
- ☐ 44. **Total Other Income** (Add Lines 34
through 43. Carry Amts. to Page 1, Line 16)

Column A (Taxpayer)	Column B (Spouse)
00	00
00	00
00	00
00	00
00	00
00	00
00	00
00	00
00	00
00	00
00	00
00	00
00	00
00	00
00	00

ADJUSTMENTS TO GROSS INCOME

- ☐ 45. Payments to IRA
- ☐ 46. Payments to Self-Employed SEP,
SIMPLE, & Qualified Retirement Plans
- ☐ 47. Interest Penalty on Early
Withdrawal of Savings
- ☐ 48. Alimony Paid (Complete
Sch. P Below)
- ☐ 49. Moving Expense (Must Attach Fed.
Form 3903)
- ☐ 50. National Guard or Reserve Pay
Exclusion
- ☐ 51. MS Prepaid Affordable College
Tuition (MPACT) and/or MS
Affordable College Savings (MACS)
- ☐ 52. Self-Employed Health Insurance
Deduction
- ☐ 53. **Total Adjustments** (Add
Lines 45 through 52. Carry
Amts. to Page 1, Line 17.)

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00	00
00	00
00	00
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00	00
00	00
00	00

Schedule P - Alimony

If a deduction is claimed for Alimony
Paid, please furnish the name, SSN, and
the state of residency of the individual to
whom the amount was paid.

SSN of
RecipientState of
Residency

Name _____

EXPLANATION FOR CHANGES TO ORIGINAL RETURN

THIS RETURN MUST BE SIGNED. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief this return is true, correct and complete.

Taxpayer Signature	Taxpayer Phone ()	Paid Firm Identification Number - - - - -	OR
Spouse Signature (If joint, BOTH must sign)	Date	Paid Preparer Social Security Number or PTIN - - - - -	
Paid Preparer Signature	Date	Paid Preparer (Print Firm Name)	
Paid Preparer Phone ()	Paid Preparer Address		

Complete the return as it should have been originally completed. Mark the circle by the line number for each line that was changed from the original return.